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# United States Senate

WASHINGTON, DC 20510-3604

COMMITTEE ON HOMELAND SECURITY  
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August 10, 2006

Mr. Paul Wolfowitz  
President, The World Bank Group  
The World Bank  
1818 H Street, NW  
Washington, D.C. 20433

Dear Mr. Wolfowitz,

I wish first and foremost to thank you for your patriotism and your service to our country that has extended over three decades and under seven presidents. Your record of public service and achievements during your tenure as an Ambassador to Indonesia, at the U. S. State Department and as the Deputy Secretary of Defense under President George W. Bush, and as the Under Secretary of Defense for Policy under President George H.W. Bush, leads me to believe that the leadership of the World Bank rests in very capable hands.

I'm sure you're aware that a team of prominent malaria scientists and public health experts published a paper in the April 2006 edition of *The Lancet* outlining several significant concerns with the World Bank's malaria control program. This is an area I'm familiar with and I'd like to share with you some of our experience with the other major donors working on malaria. As a U.S. Senator and physician, and as Chairman of the Senate Subcommittee on Federal Financial Management, Government Information, and International Security, I have become increasingly concerned about the negative health, social and economic impacts that malaria continues to inflict on the developing world. Failure in malaria control is particularly inexcusable because the disease is entirely preventable. Our subcommittee's oversight efforts exposed that, at the United States Agency for International Development's (USAID) malaria program, only a shockingly small portion of the funds went towards actual commodities and medicine, while the rest was spent on dubious activities such as "capacity building", travel, and overhead. I have learned a great deal about malaria over the years, and I hope to share my passion for controlling this preventable disease with you.

As you know, the U.S. and Western Europe were once plagued by malaria. In the 1940s and 1950s, a global eradication campaign was launched based on a two-prong approach: widespread indoor residual spraying (IRS) with DDT, to prevent malaria infection, and treatment for infected people with effective and inexpensive drugs (then chloroquine, which has today become a less effective treatment due to the increasing resistance of the malaria parasite).

Malaria was conquered in the developed world using these techniques. Unfortunately, the campaign was never implemented in Africa. In much of the rest of the developing world, the campaign lost momentum and intensity and eventually ended in subsequent decades, leading to a horrific resurgence of this curable and preventable disease. Matters were not helped by the unfair junk science that led to the stigmatization and global ban on DDT for agricultural uses (with an exemption for public health) at the Stockholm Convention on Persistent Organic Pollutants (POPS), which was agreed to by international negotiators in 2001 and which the U.S. has signed but not ratified. Even though Secretary of State Colin Powell and others fought hard for the public health exemption for the chemical to be included in that treaty, the damage was done and DDT – the most effective weapon in our arsenal against malaria – was dropped from the world’s malaria arsenal.

Consequently, the international public health community changed approach to malaria “control” and centered programs around an intervention that was unproven on any large-scale or nation-wide level: social marketing of insecticide-treated bed-nets. There were other elements promoted as well, such as continued use of the practically obsolete chloroquine (to which the most deadly form of malaria is highly resistant in most endemic areas). The Roll Back Malaria initiative, headed by the WHO, and embraced as standard operating procedure by all major donors, promised to halve malaria deaths by 2010. Instead, subsequent events have been tragic. However, since RBM never measured baseline malaria incidence when it set this goal, there is therefore no way to measure progress.

Malaria is now the leading killer of children and pregnant women in Africa, sickening somewhere around 500 million people each year, and killing nearly 2 million. As such, malaria kills about as many people as AIDS or tuberculosis each year (TB caused 1.7 million deaths in 2004, and in 2005 AIDS claimed the lives of 2.8 million, according to the World Health Organization) – diseases that are much harder and more expensive to both prevent and treat.

In a few areas where donor funds were not being used (such as South Africa or the Copper Mine area of Zambia) these failing approaches were ignored, and instead the proven combination of IRS with DDT and *effective* medical treatment (with the new Artemisinin-based Combination therapy, or ACT) was applied. The success was dramatic – deaths plunged exponentially.

So that’s where we were a few years ago when a team of malaria scientists and physicians published an accusation in the *Lancet* of medical malpractice against the Global Fund for AIDS, Malaria and Tuberculosis (The Fund), WHO and USAID in 2004. It was this article that first got the U.S. Congress engaged in pushing reform. All three agencies were at first defensive and resistant to reform.

The Fund was the first to respond. After only a few months of withering criticism, GF began revising their policies and helping grantees to incorporate appropriate drugs and prevention strategies. Today, the Fund is a major purchaser of ACT.



USAID was intractable for over a year. It took four Congressional hearings before the agency could even produce an accounting for how malaria funds had been spent. The findings were disappointing. Less than one percent was spent on medicine, and less than 8 percent was spent on any direct services and commodities at all (such as bed-nets or drugs). The vast majority of the money was going to conferences, so-called “technical assistance” and “capacity-building,” “assessments” and overhead and administration. Once this transparency finally exposed the truth about program, USAID officials quickly moved toward reform. The President announced his malaria initiative a year ago, focused on IRS, free distribution of nets (rather than social marketing), and effective medicine. USAID announced a total program overhaul using this same approach a few months later to apply to the countries not targeted by the President’s initiative. Now, USAID expects to spend 50 percent of funds on commodities, including 25 percent on insecticide residual spraying (IRS) in 2005.

The most recent agency to reform was the World Health Organization (WHO). WHO was perhaps the biggest single contributor to the ongoing burden of malaria, as it created and oversaw the Roll Back Malaria Partnership, which is widely viewed as a failing public health initiative. Now, the WHO has hired new malaria leadership: successful former WHO TB chief, Dr. Arata Kochi. Despite internal and external pressure, Dr. Kochi has rapidly moved to reverse the failed international rejection of IRS generally, and DDT specifically. He has aggressively taken on the European Union for its pressure of poor countries to not use DDT. He has insisted on large-scale, free distribution of bed-nets when bed-nets are promoted, and has been a leader at scaling up orders for effective medicine instead of the obsolete drugs of the past. His job has not been easy, but I look forward to his new policies coming out in their final form in the next month or two.

In this encouraging environment of reform, the Bank’s malaria policies have now been criticized. The Bank is the last major donor to continue in promoting the failing policies of the past. What’s more, the Bank has suffered from a lack of transparency about how malaria funds are spent. The same team of scientists and physicians who first sounded the alarm in the *Lancet* article some years ago recently published a second peer-reviewed piece (to which I referred earlier in this letter) in April 2006 – this time, critiquing the Bank’s program in a few key areas: the Bank’s reliance on ineffective drugs to treat malaria; the Bank’s failure to make use of IRS/DDT as a preventative measure; and, finally, the financial disarray of the Bank’s malaria funds – both in accounting for how funds are spent, and for not keeping promises about the amount of funding to combat malaria. I know that the Bank has conceded the last point about unspent pledges, and has therefore promised another sum of money (\$500 million - \$1 billion) under the Malaria Strategy & Booster Program. But no amount of funding will prevent the continuing needless malaria deaths unless effective treatment and preventative measures are put to use.

To that end, I would greatly appreciate your responses to the following questions:

- 1) What amount of financing, broken down by country and year, has the Bank committed and disbursed to malaria control since the 1998 launch of the Roll Back Malaria Campaign?
- 2) When will you post the information referred to in question number 1 on a publicly available website, so that donor nations and other stakeholders can effectively monitor the Bank's efforts to control malaria?
- 3) Please describe the methods you will use to measure malaria mortality and morbidity reduction in Bank recipient nations, and how you will attribute any such reductions to Bank-financed programs?

I encourage you to sit down with the Bank's critics and the reformers at other donor agencies to hear how they have turned large and, at times, seemingly intractable bureaucracies around. Following your past experience at navigating large bureaucracies, I am confident that if anyone is up to the challenge, it is you. And millions of tiny children and pregnant moms are depending on your success. I know we share the same goals, and I look forward to working with you in the coming months.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Coburn", with a stylized flourish extending from the end.

Tom Coburn, MD  
Chairman  
Subcommittee on Federal Financial Management,  
Government Information, and International Security  
Senate Homeland Security and governmental Affairs Committee